

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1		1			
4		1		1		
5				1		
6		1		1		
7				1		
8		2		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16	1		1			
17		1		1		
18		0		1		
19		0		1		
20	1			1		
21		1		1		
22	1			1		
23				1		
24	1			1		
25	1			1		
26				1		
27	1			1		
28				1		
29		2		1		
30	1		1			
31		1		1		
32		1		1		
33		3		1		
34		2		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39	1		1			
40		1		1		
41	1		1			
42		0		1		
43	1		1			
44		1		1		
45	1		1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1		10		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	10	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	1		1		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	1	1	1	1